PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number 09/804269												
CLAIMS AS FILED - PART I (Column 1)						mn 2)	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLÁIMS			9				RAT	E	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE 355.		355.00	OR	Basic Fee	710.00
TOTAL CHARGEABLE CLAIMS			9 minus 20=		. 0		X\$ 9=			OR	X\$18=	0
INDEPENDENT CLAIMS			e/ minus 3 =				X40=			OR	X80=	80
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		ОЯ	+270=	
- 11	the difference	in column 1 is	less than zero, enter "0" in			olumn 2	TOTAL			OR	TOTAL	790
	CI		MENDED - PART II						EAITITY	•	OTHER SMALL	THAN
		(Column 1) CLAIMS	Section Confession of the	(Colu		(Column 3)	SMALL			OR I	SMALL	
ENT A		REMAINING AFTER AMENOMENT		NUM	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 4	Minus	••		- 0	X\$ 9	=		OR	X\$18=	
AME	Independent	. 4	Minus		- 01 4114	= e.	X40			ОЯ	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		+135	=		OR	+270=	
							TO ADDIT.	TAL			TOTAL	
	(Column 1) (Column 2) (Column 3)										ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA	PLATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 5	Minus	D	0	s .	X\$ 9	=		OR	X\$18=	
	Independent	. 5	Minus	(	4	- /	X40	=	200.00	OR	X80=	
<u> </u>	FIRST PHESE	ntation of M	ULTIPLE DEF	ENUEN	CLAIM		+135	=/		OR	+270=	
		(Column 1)		(Calu	mn 2)	(Column 3)	ADDIT. I		200.00	die la	TOTAL ADDIT, FEE	
		(Column 1) CLAIMS	U.S. Tarrey		HEST	(Column 3)	<u> </u>	Ц	ADDI.	,   1		4000
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	RAT	E	TIONAL		RATE	ADDI- TIONAL FEE
	Total	ļ.	Minus	••		5	X\$ 9	=		OR	X\$18=	
	Independent	•	Minus			=	X40				X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA							ᅱ		OR		
	If the enterior and	man di Santa an Marini	No materile e		<b>00</b> (		+135			OR	+270=	
	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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FORM PTO-875 (Rev. 8/00)